

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																	
1 Date of Request: <u>3/31/05</u>		2 Serial/Patent # <u>10/516333</u>																															
3 Please refund the following fee(s): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other <u>Declaration</u></td><td>\$ <u>130</u></td></tr> </table>	<input checked="" type="checkbox"/>	Filing	\$	<input type="checkbox"/>	Amendment	\$	<input type="checkbox"/>	Extension of Time	\$	<input type="checkbox"/>	Notice of Appeal/Appeal	\$	<input type="checkbox"/>	Petition	\$	<input type="checkbox"/>	Issue	\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	\$	<input type="checkbox"/>	Maintenance	\$	<input type="checkbox"/>	Assignment	\$	<input type="checkbox"/>	Other <u>Declaration</u>	\$ <u>130</u>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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<input type="checkbox"/>	Other <u>Declaration</u>	\$ <u>130</u>																															
7 TOTAL AMOUNT OF REFUND		\$ <u>130</u>																															
8 TO BE REFUNDED BY:		Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <input checked="" type="checkbox"/>																															
9 REASON:		9 <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																															
11 REFUND REQUESTED BY:																																	
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>																															
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 23</u>																															
OFFICE: <u>DO/EO</u>																																	
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